

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10618471 FILING DATE 07-11-03
 APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
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41	1					
42		1				
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44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50						
TOTAL IND. <u>4</u>						
TOTAL DEP. <u>11</u>						
TOTAL CLAIMS <u>15</u>						
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